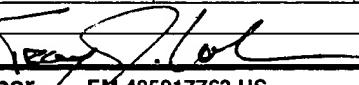
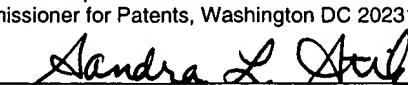


00/22/00

Utility Patent Application Transmittal <small>(Only for new nonprovisional applications under 37 CFR § 1.53(b))</small>		Attorney Docket Number	14-6	
		First Inventor or Application Identifier	John R. TREON	
		Title	INTERLOCKING STADIUM SEATING SYSTEM	
		Express Mail Label Number	EM 485917763 US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>			Address To: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) 2. <input checked="" type="checkbox"/> Specification [Total Pages 23] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Investigation - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 18]			5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS				
7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input checked="" type="checkbox"/> *Small Entity Statement(s) (2) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Other:				
<small>*Not for items 1 & 13: In order to be entitled to pay Small Entity fees, a small entity statement is required (37 C.F.R. § 1.27), except if one filed in a prior application is relied upon (37 C.F.R. § 1.28).</small>				
16. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <small>Prior application information: Examiner:</small>				
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
17. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or Bar Code Label <small>Insert Customer No. or Attach bar code label here</small>		<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below		
Name	Troy J. Cole Woodard, Emhardt, Naughton, Moriarty and McNett			
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700			
City	Indianapolis	State	IN	Zip Code
Country	USA	Telephone	317-634-3456	Fax
Name (Print/Type)	Troy J. Cole		Registration No. (Attorney/Agent)	35,102
Signature			Date	September 22, 2000
Express Mail Label Number		EM 485917763 US		
Date of Deposit <u>September 22, 2000</u> <small>I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231.</small>				
 Signature of person mailing paper or fee				

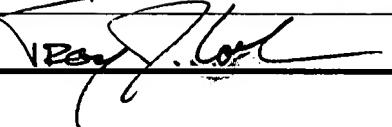
FEET TRANSMITTAL FOR FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity
statement, otherwise large entity fees must be paid.
See Forms PTO/SB/09-12.

		Complaint if Known			
Application Number					
Filing Date		Herewith			
First Named Inventor		Steven R. TREON			
Group Art Unit					
Examiner Name					
Total Amount of Payment (\$ 430.00)		Attorney Docket Number 11014-06			

Method of Payment (check one)		Fee Calculation (continued)									
1. <input type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:					3. ADDITIONAL FEES					
Deposit Account Number	23-3030					Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
Deposit Account Name	Woodard, Emhardt, Naughton, Moriarty & McNett					105	130	205	65	Surcharge – late filing fee or oath	
<input checked="" type="checkbox"/>	Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17					127	50	227	25	Surcharge – late provisional filing fee or cover sheet.	
2. <input checked="" type="checkbox"/>	Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					139	130	139	130	Non-English specification	

Fee Calculation						
1. BASIC FILING FEE						
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
101	690	201	345	Utility Filing Fee	345	
106	310	206	155	Design Filing Fee		
107	480	207	240	Plant Filing Fee		
108	690	208	345	Reissue Filing Fee		
114	150	214	75	Provisional Filing Fee		
SUBTOTAL (1)					(\$ 345)	
2. EXTRA CLAIM FEES						
Total Claims	25	-20**	Extra Claims	Fee From Below	Fee Paid	
Independent Claims	3	-3**	= 5	X 9	= 45	
Multiple Dependent			= 0	X 39	= 0	
** or number previously paid, if greater; for reissues, see below						
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		
103	18	203	9	Claims in excess of 20		
102	78	202	39	Independent claims in excess of 3		
104	260	204	130	Multiple dependent claim, if not paid		
109	78	209	39	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)					(\$ 45)	
Other Fee (specify)						
Other Fee (specify)						
*Reduced by Basic Filing Fee Paid						
SUBTOTAL(3)						\$ 40

SUBMITTED BY		Complete (if applicable)		
Typed or Printed Name <input type="text" value="Troy J. Cole"/>				
Signature 		Date <input type="text" value="Sept. 22, 2000"/>	Reg. Number <input type="text" value="35,102"/>	
			Deposit Account User ID	23-3030